

Direct-to-Consumer Advertising of Prescription Medicines

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This position statement relates specifically to direct-to-consumer advertising (DTCA) of prescription medicines. However, many of the points also apply to DTCA of any products claiming therapeutic benefit. This statement does not address a number of related scenarios such as direct-to-doctor advertising of medicines, DTCA of complementary and alternative medicines (CAMs) and direct-to-producer advertising of veterinary medicines (see Appendix for the NZMA's position on these issues).

Background

1. Direct-to-consumer advertising (DTCA) of prescription medicines is a form of pharmaceutical industry marketing that targets patients, their carers or family / whānau, and the wider public. DTCA can use a variety of media platforms including online, TV, radio, newspapers and magazines, and can take different formats including infomercials featuring industry-employed celebrities.
2. Together with the United States, New Zealand is one of only a very few countries that permits DTCA. DTCA of prescription medicines in New Zealand is permitted under existing legislation and regulations* and dramatically increased from 1997. Expenditure on DTCA in New Zealand has been estimated to be in the tens of millions of dollars annually.^{1,2}
3. While proponents argue that DTCA provides information, empowers patients with medical knowledge, encourages dialogue with health practitioners and enables informed choices about treatment options, the best available evidence does not support these claims. To the contrary, research signals that DTCA provides information that is likely to be biased in favour of benefits over potential harms, leads to unnecessary prescriptions, iatrogenic harm, and increased costs to the taxpayer (particularly through driving demand for costly branded medicines over cheaper effective alternatives).^{3,4} DTCA may also adversely affect the doctor-patient relationship.^{5,6}
4. DTCA of antibiotics conflicts with objectives and actions in the New Zealand National Antimicrobial Resistance Action Plan,⁷ particularly the need to strengthen people's awareness of antimicrobial resistance and the appropriate use of antibiotics.
5. People who are ill (and those caring for them) are generally more vulnerable to misinformation than healthy people.⁸ Furthermore, patients may be more likely to believe in the reliability of health information in industry-funded infomercials than in advertisements generally.⁹ A long-running TV health infomercial featuring celebrities is described by its creators as highly trusted and perceived as independent sources of information rather than simply advertisements.¹⁰

* The advertising of medicines is regulated under the Medicines Act 1981 and Medicines Regulations 1984. The Medicines Act is currently under review and is expected to be replaced by the Therapeutic Products Act.

6. While government⁻¹¹ and industry¹² codes regarding the advertising of pharmaceuticals include the need for balance with respect to communicating risks and adverse effects, these codes are considered ineffective for a number of reasons, the most important of which is that they are complaint-based. To lay a complaint, one first has to know that the advertisement is misleading. Without expert knowledge, a patient may not be aware of how an advertisement misleads.
7. In 2015, the American Medical Association called for a ban on DTCA, citing concerns that a growing proliferation of advertisements was driving demand for expensive treatments despite the clinical effectiveness of less costly alternatives.¹³
8. The NZMA believes that choices about a patient's treatment should be made on the basis of the best evidence, not on the cleverest or most compelling marketing campaign. In the interest of effective, safe and cost-effective healthcare, we are strongly opposed to DTCA. We support calls by other medical organisations for the prohibition of DTCA of prescription medicines.^{5,14,15}

Recommendations

1. The Government should ban DTCA of prescription medicines, and, once this form of pharmaceutical industry marketing has been discontinued, ensure that it is not reintroduced.
2. The Government should support cross-sectoral approaches towards improving health literacy that help ensure patients and doctors make better informed decisions about treatment options.
3. The Government should support initiatives that increase the provision of independent, accurate and accessible sources of health information, including about prescription medicines.
4. Medical and health organisations should work collaboratively to help achieve the discontinuation of DTCA of prescription medicines in New Zealand.

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Appendix

- The NZMA does not support the use of complementary and alternative medicines (CAMs).¹⁶⁻¹⁸
- The NZMA notes issues with direct-to-doctor advertising of prescription medicines (eg, therapeutic claims made in some advertisements are not always supported by good evidence; such advertisements may impact on what doctors prescribe).¹⁹
- The NZMA notes issues with direct-to-producer advertising (DTPA) of veterinary medicine.²⁰ These include concerns raised by the New Zealand Veterinary Association regarding the risks of DTPA with antimicrobial resistance (eg, farmers pressing veterinarians to prescribe antibiotics to reduce withholding times from milking or for convenience of use).²¹